

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/936840
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	2		/			
5	2		/			
6	1		/			
7	1		/			
8	3		3			
9	3		3			
10	1		2			
11	1		1			
12	1		1			
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TOTAL IND.	10	↓	16	↓		
TOTAL DEP.	10	↔	16	↔		
TOTAL CLAIMS	19	[REDACTED]	17	[REDACTED]	[REDACTED]	[REDACTED]

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS